

NOTICES OF EMERGENCY RULEMAKING
Initiated After January 1, 1995

Under the Administrative Procedure Act, an agency may determine that adoption, amendment, or repeal of a rule is necessary for immediate preservation of the public health, safety or welfare and the notice and public participation requirements are impracticable. Under this determination, the agency may adopt the rule as an emergency and submit it to the Attorney General for review. The Attorney General approves the rule and then files it with the Secretary of State. The rule takes effect upon filing with the Secretary of State and remains in effect for 180 days. An emergency rule may be renewed for one or two 180-day periods if the requirements of A.R.S. § 41-1026 are met. If the emergency rule is not renewed or the rule is not permanently adopted by the end of the 180-day period, the emergency rule expires and the text of the rule returns to its former language, if any.

NOTICE OF EMERGENCY RULEMAKING

TITLE 2. ADMINISTRATION

CHAPTER 5. DEPARTMENT OF ADMINISTRATION
PERSONNEL ADMINISTRATION

PREAMBLE

1. **Sections Affected** **Rulemaking Action**
R2-5-903 New Section
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: A.R.S. § 41-763(6)
Implementing statute: A.R.S. § 41-783(14)
3. **The effective date of the rules:**
January 4, 1996
4. **Is this rulemaking a renewal of a previous emergency rulemaking?**
No.
5. **The name and address of agency personnel with whom persons may communicate regarding the rule:**
Name: Gordon Carrigan, Human Resources Generalist
Address: Department of Administration
1831 West Jefferson, Room 107
Phoenix, Arizona 85007
Telephone: (602) 542-4784
Fax: (602) 542-4507
6. **An explanation of the rule, including the agency's reasons for initiating the rule:**
The rule establishes procedures for initiating and implementing a temporary reduction in force of no more than 30 working days that becomes necessary due to a temporary cutoff of funding for state programs. There is no other rule that addresses a temporary reduction in force. The need for this rule is motivated by recent events related to the federal budget that affect or potentially affect state funding. Reference Questions 8 and 11.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable.
8. **The summary of the economic, small business, and consumer impact:**
 - A. **The summary of the economic, small business, and consumer impact:**
The emergency rule establishes procedures for initiating and implementing a temporary reduction in force of state service employees for no more than 30 working days due to a temporary lack of federal or state funding for state programs.
 - B. **Brief summary of economic, small business, and consumer impact:**
The rule directly affects state service employees and will have an indirect impact on small businesses and consumers. The impact on state service employees will be that, if selected for a temporary reduction in force, the state employee will lose income for a period of time. The overall negative impact on small businesses and consumers will depend upon the number of people selected for reduction in force and the length of time that temporary reduction continues. State agencies may incur some costs associated with maintaining insurance benefits for employees but such costs will likewise vary with the number of

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employees affected and the duration of the temporary reduction in force. Also, state agencies may incur some costs associated with preparing and implementing a temporary reduction in force plan.

- C. **Name and address of agency employees who may be contacted to submit or request additional data on the information included in this summary.**

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9. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**
Not applicable.

10. **Incorporations by reference and their location in the rules:**
None.

11. **An explanation of the situation justifying the rule's adoption as an emergency rule:**

The agency proposes to establish a rule for initiating and implementing a temporary reduction in force when necessary to suspend or reduce state services due to a temporary cutoff of funding for state programs. Section 02 in Article 9 of the Personnel Rules addresses a permanent reduction in force but that Section does not address a temporary reduction in force.

The basis for this rule is the recent temporary shutdown of the Federal Government due to the lack of an established federal budget. Many of Arizona's programs are funded by the Federal Government, either in part or in whole, and would not be able to operate without the continuous availability of funds. The events leading to the request for implementation of an emergency rule first arose in October and November 1995 and presently continue. The Federal Government's inability to reach a comprehensive budget agreement, and more recently its inability to provide a temporary spending agreement, caused interruptions in funding sources used by state agencies and great uncertainty as to whether funds will be available to pay employees.

It is necessary for the state to be responsive to these funding interruptions. Presently the only reduction in force program available to the state is that set forth in R2-5-902 which rule contemplates a permanent reduction in force through full separation from employment. Implementation of this temporary reduction in force rule provides the state with the opportunity consistent with A.R.S. § 41-783(14) to immediately and effectively respond when funding is interrupted or reduced and, if funding is restored, provide for recall of employees without the expense and disruption of recruitment and training.

In summary, the need for a temporary reduction in force rule arises from the incentive for the state to keep its work force intact during interruptions in funding. Through use of this temporary reduction in force rule, the state will be able to avoid costs inherent in recruiting new workers and training them. Some employee attrition is expected even with the temporary reduction in force measure; however, a purpose of this rule is to minimize loss and disruption.

12. **The date of the Attorney General's approval of the emergency rule:**
January 4, 1996

13. **The full text of the rules follows:**

TITLE 2. ADMINISTRATION

CHAPTER 5. DEPARTMENT OF ADMINISTRATION

PERSONNEL ADMINISTRATION

ARTICLE 9. SEPARATIONS

R2-5-903. Temporary Reduction in Force

ARTICLE 9. SEPARATIONS

R2-5-903. Temporary Reduction in Force

A. General

1. When funding necessary to pay employees is suspended or reduced, a temporary reduction in force may be conducted and shall be processed in accordance with the provisions of this rule.
2. If funding to pay employees is suspended or reduced, an agency may request approval from the Director to conduct a temporary reduction in force and shall submit the plan and procedure the agency proposes to follow. The plan and procedure shall state:
 - a. The reason for the temporary reduction in force;
 - b. The budget program or programs affected;
 - c. The classes affected;
 - d. The amount of shortfall, total number of employees affected, and the name and Fair Labor Statutes Act

status of affected employee or employees;

- e. The unit subject to or affected by the temporary reduction in force, e.g., budget program, class, class series, agency, and number of employees in the affected unit;
 - f. When the agency was notified of the funding suspension and/or reduction;
 - g. Assessment of a temporary reduction in force on the agency's ability to deliver essential services;
 - h. What alternatives have been considered and why they were rejected;
 - i. The number of funded, vacant positions within the agency, what efforts the agency has made to place employees in other positions within the agency, or with other state agencies;
 - j. Expected resolution; and
 - k. The result of funding discussions with the Department of Administration Finance Division official or officials.
3. A personnel action that will affect the temporary reduction in force shall not be initiated or implemented after

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the date of the agency head's request to the Director for a temporary reduction in force except to process a personnel action to accomplish, or assist in accomplishing, the purpose of the temporary reduction in force will be given preference for placement in any funded vacant positions within the agency for which they qualify. Preference for placement shall be based upon retention points.

4. A temporary reduction in force shall not exceed 30 working days from the date of implementation of the plan. If the agency is advised at any time during the designated 30 working days that funding for the affected positions will be terminated or permanently reduced, an agency head shall plan and conduct a reduction in force as prescribed by R2-5-902 if the agency cannot make other arrangements to forestall a reduction in force.
 5. An agency head shall not approve the use of any paid leave except compensatory leave for an employee who is designated for temporary reduction in force. An approved paid or unpaid leave in progress for an employee who is designated for temporary reduction in force shall be cancelled effective the day that the temporary reduction in force begins. The agency head shall notify the affected employee in writing of the cancellation of the approved leave.
 6. Pay for time on temporary reduction in force may only be restored to an employee if and to the extent to which it is specifically authorized by Congress or the legislature.
 7. An employee who is affected by a temporary reduction in force pursuant to subsection (A)(1) shall return to work in the same position occupied at the start of the temporary reduction in force if funding is fully restored, sufficient attrition has occurred, or an alternate source of funding becomes available.
 8. Failure or inability to return to work may be considered a resignation, result in separation without prejudice, or be cause for dismissal. An employee who is unable to return to work due to a non-job-related medical condition shall provide the agency head a statement from a licensed health care practitioner substantiating the employee's inability to return to work.
- B. Administration.** A temporary reduction in force shall be administered by the Director in the following manner:
1. In an agency affected by a temporary reduction in force, employees shall be separated in the order listed below before any action is taken that affects permanent-status employees. The separation of these employees must accomplish, or assist in accomplishing, the purpose of the temporary reduction in force:
 - a. Permanent-status employees who volunteer for a temporary reduction in force.
 - b. Provisional employees.
 - c. Clerical pool employees.
 - d. Temporary employees.
 - e. Seasonal employees.
 - f. Original probationary employees.
 - g. Limited employees.
 2. Retention points shall be used to identify full-time or part-time permanent-status employees to be placed on temporary reduction in force based on the employee's relative standing on the retention list. Identification of employees to be considered 1st for furlough shall begin with the employee with the lowest number of retention points.
 3. Retention points shall be based on length of state services and performance, calculated in accordance with subsections (C)(1), (D), and (E) below.

4. Employees on promotional probation, detail to special duty, or underfilling a position shall compete for retention in their promotional probation, detail to special duty, or underfill classes.
- C. Calculation of retention points for length of service.**
1. Each permanent-status employee shall be awarded 1 retention point for each year of state service. Service of more than 6 months shall be counted as 1 point.
 2. Periods of services as a state service employee prior to a resignation or dismissal shall not be counted.
 3. Periods of state service as a provisional, seasonal, temporary, limited, or clerical pool employee shall not be counted.
 4. Periods of military leave with or without pay shall be counted.
 5. Periods of service on mobility assignment shall be counted.
 6. Continuous uninterrupted service in a position prior to its transfer to state service by legislative action or otherwise from a budget unit of the state shall be counted.
- D. Calculation of retention points for performance.** The most recent performance evaluation concluded prior to the date of the request for temporary reduction in force shall be used in determining retention points. If any employee has not had a performance evaluation in the past 12 months, the employee shall be awarded 12 retention points. Retention points for performance shall be awarded as follows:
1. Each employee having an overall performance evaluation of standard or above shall be awarded 12 retention points.
 2. Each employee having an overall performance evaluation of less than standard shall be awarded 0 retention points.
- E. Resolution of ties.** Ties in total retention points shall be broken in the following manner and order:
1. Ties shall be broken by the employee with the highest overall performance rating in the class currently held by the employee.
 2. If a tie continues to exist, the tie shall be broken by the employee with the earlier initial state service hire date.
 3. If a tie continues to exist, it shall be broken by lot.
- F. Notice of separation due to temporary reduction in force.** The agency shall provide the employee written notice as soon as the plan is approved. The notice shall include, at a minimum, the effective date of the action and the right to request a review of the action.
- G. When funding necessary to pay the employee is restored, the temporary reduction in force expires, or the agency head otherwise determines that an employee may be recalled, the agency shall provide the employee written notice.**
- H. Employee request for review.** An accelerated review process shall be established for temporary reduction in force. No later than 3 days after receipt of a temporary reduction in force notice, an employee may submit to the agency head a written request for a review of the determination resulting in the employee's temporary reduction in force and a proposed resolution. The agency head shall respond to the employee within 3 working days after receipt of the request. The request for review shall not delay or forestall implementation of the temporary reduction in force procedure.

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TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

PREAMBLE

1. Sections Affected

R9-28-301
R9-28-301
R9-28-302
R9-28-303
R9-28-303
R9-28-304
R9-28-305

Rulemaking Action

Repeal
New Section
New Section
Repeal
New Section
New Section
New Section

2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-2932(P)

Implementing statutes: A.R.S. §§ 36-559, 36-2901, 36-2931, 36-2932(Q), 36-2933(B), 36-2936, and 36-2958

3. The effective date of the rules:

January 2, 1996

4. Is this rulemaking a renewal of a previous emergency rulemaking?

Yes.

If yes, the Register citation to the previous notice of emergency rulemaking:

1 A.A.R. 1119, July 21, 1995

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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6. An explanation of the rule, including the agency's reasons for initiating the rule:

A. General

The AHCCCS Administration is repealing R9-28-301 and R9-28-303 and proposing for adoption R9-28-301, R9-28-302, R9-28-303, R9-28-304, and R9-28-305.

The proposed rules are necessary to comply with rulemaking provisions of A.R.S. § 41-1001 et seq. for the preadmission screening (PAS) process used by the Administration to determine medical eligibility for applicants, eligible persons, and members for long-term care services provided through the Arizona Long-term Care System (ALTCS) program.

AHCCCS has conducted preadmission screening for ALTCS applicants, eligible persons, and members since the beginning of the ALTCS program in 1988. During this time, the PAS instrument and the PAS process have been utilized under the general authority of A.R.S. § 36-2936 and 9 A.A.C. 28, Article 3.

The current rules, R9-28-301 and R9-28-303, have been challenged by Community Legal Services and the Arizona Center for Law in the Public Interest in the case of *Shea and Lacy et al. v. Chen, et al.* (Maricopa Superior Court, No. CV 93-18886), as not properly apprising applicants, eligible persons, and members of the medical eligibility requirements for ALTCS. Plaintiffs are requesting that the agency adopt more detailed rules that include:

- Definitions of terms used by PAS accessors, including scoring definitions;
- Elements that are scored as well as the weights given;
- Standards for making a determination that a physician review is required;
- Standards for physicians review;

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- Definition of what it means to require an institutional level of care; and
- Standards for when the PAS will be completed by a nurse or social worker.

The Court granted Plaintiffs' motion for summary judgment, indicating that the agency's more detailed preadmissions screening policies should be "rules" subject to the rulemaking requirements of the Administrative Procedure Act.

As a result of the Court's ruling, Plaintiffs have filed an Order which would prevent AHCCCS from using any new PAS policies or PAS instruments until formal adoption and certification of new rules on these subjects. The order requires for a period of 90 days from the date of the Order or until changes to Article 3 have been promulgated pursuant to the Administrative Procedure Act, that AHCCCS use the proposed rule adoptions attached to the Order to determine medical eligibility for ALTCS services.

B. Specific

The proposed R9-28-301, Definitions, add definitions of terms which are specific to the PAS program. These are terms which are not used elsewhere in the ALTCS rules. Those other general ALTCS words and phrases are defined in R9-28-101 and in statute, A.R.S. §§ 36-2931 (ALTCS) and 36-2901 (AHCCCS, acute care). It should be noted that the new rule definitions were requested by Plaintiffs in the Shea/Lacy case.

The proposed adoption of R9-28-302, General Provisions, significantly expands on the rule of the same name proposed for repeal, the current R9-28-301. The new rule implements A.R.S. §§ 36-2933(B) and 36-2936, statutes which mandate preadmission screening to determine if applicants are eligible for ALTCS institutional level services. This rule lays the groundwork for the PAS program and sets forth procedural steps for utilization of specific PAS instruments described in the 2 following rule adoptions, R9-28-303 and R9-28-304.

The proposed R9-3-303, Preadmission Screening for the Elderly and Physically Disabled (EPD), implements that portion of A.R.S. § 36-2936(A) which calls for a PAS "instrument that assesses the functional, medical, nursing, and social needs of the applicants." The rule describes assessment categories, details the scoring calculations, and indicates points available and weights. Usage of this PAS instrument specifically for the EPD population dates to 1992 when it was determined that unique PAS instruments were needed for EPD applicants and developmentally disabled applicants.

The proposed R9-28-304, Preadmission Screening for the Developmentally Disabled, also implements A.R.S. § 36-2936(A) and does so for developmentally disabled persons in accordance with A.R.S. § 36-559. Similar to the preceding rule, this Section describes assessment categories, details the scoring calculations, and indicates points available and weights. This rule reflects certain age-specific variables concerning risk of institutionalization in line with differing developmental needs of children and other applicants over their lifetimes.

The proposed adoption of R9-28-305, Reassessments, also expands on the rule of the same name proposed for repeal, the current R9-28-303. The new rule implements that portion of A.R.S. § 36-2936(B) which states that "the Administration shall establish guidelines for the periodic reassessment of each member." The Section sets forth standards for such reassessments and indicates timeframes for conducting them. In the latter instance, the new Section goes beyond the old rule to identify specific exceptions to the usual annual intervals.

Overall, the proposed preadmission screening rules reflect conformity with federal Title XIX (Medicaid) requirements and sufficiency to retain federal monies for ALTCS, as mandated by A.R.S. § 36-2932(Q).

Continued federal funding is crucial to ensure continued ALTCS operations, rather than program suspension and denial of services under the harsh terms of A.R.S. § 36-2958.

7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable.

8. The summary of the economic, small business, and consumer impact:

The overall economic impact of the rules is that the benefits will outweigh the costs.

Small businesses that participate in the ALTCS program as providers of home and community-based services (HCBS) will be assured of continued funding to reimburse those services they provide to ALTCS-eligible persons and members.

Certain consumers who are ALTCS-eligible persons and members will continue to receive health care services in the least restrictive medically appropriate setting, thereby enhancing their quality of life.

Finally, the state of Arizona will remain in compliance with the terms and conditions of this Section 115 waiver with the Health Care Financing Administration, thus resulting in continued federal funding for the ALTCS HCBS program.

9. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable.

10. Incorporations by reference and their location in the rules:

Section 1902(e)(9) of the Social Security Act, October 21, 1993 - R9-28-302.

PAS instrument for the elderly and physically disabled, October 1992 - R9-28-303.

PAS instruments for the developmentally disabled, August 1995 - R9-28-304

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11. An explanation of the situation justifying the rules' adoption as emergency rules:

Emergency certification is necessary for immediate preservation of the public health, safety, or welfare.

The absence of PAS rules would leave the agency with no ability to guide the persons making assessments of functional, medical, nursing, and social needs for institutionalization, either for new applicants or those whose eligibility is required to be redetermined annually. In addition, AHCCCS would be required to directly contravene to the statutory mandate at A.R.S. § 36-2936, which requires the agency to use a uniform statewide PAS instrument to evaluate ALTCS applicants. Moreover, failure to use PAS instruments and policies would constitute a breach of the terms of the Section 1115 waiver with the Health Care Financing Administration (HCFA), leading to termination of federal funding by HCFA to the ALTCS program.

With an overall ALTCS population of over 21,000 persons (generally defined in 2 basic groups: the developmentally disabled and the elderly and physically disabled), the threats are those of wholesale (1) admission of applicants not eligible for ALTCS, (2) redetermination as "eligible" of those persons already admitted and no longer qualified for ALTCS and (3) continued enrollment for those who would otherwise be terminated from ALTCS. The result will be that persons ineligible for ALTCS services under Arizona law and under Title XIX of the Social Security Act will receive services, for which neither AHCCCS nor the Federal Government may legally pay. AHCCCS will therefore have to refuse to pay for all but the most obviously eligible or violate state law and lose federal funding.

This will inevitably cause providers of such services to sue the state, cease providing services to individuals for whom AHCCCS refuses to pay, or go out of business.

Any delay in rule certification would create turmoil for both the agency and the public at large. Only through emergency rule certification may this situation be avoided.

Notice and public participation requirements are impracticable.

Additional notice and public participation requirements under regular rulemaking would extend the circumstances described earlier for as much as another year. This is clearly unacceptable for timely resolution of rule issues relating to public health, safety, or welfare.

The emergency situation has not been created due to agency delay or inaction.

AHCCCS has conducted preadmission screening for ALTCS applicants and recipients since the beginning of the ALTCS program in 1988. During this time, the PAS instrument and the PAS process have been utilized under the general authority of A.R.S. § 36-2936 and 9 A.A.C. 28, Article 3.

The emergency situation arose in early 1994 with the plaintiffs' motion for summary judgment in the Shea/Lacy case, which the agency had challenged vigorously.

Since AHCCCS determines that the aforementioned emergency situation continues to exist for emergency rule renewal, the agency, then, is proposing timely rule action to assure the continued delivery of quality health services to ALTCS-eligible persons.

12. The date of the Attorney General's approval of the emergency rules:

December 29, 1995

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ARIZONA LONG-TERM CARE SYSTEM**

ARTICLE 3. PREADMISSION SCREENING

Section:

- | | | |
|------------|--|---|
| R9-28-301. | <u>General provisions</u> | <u>Definitions</u> |
| R9-28-302. | <u>General Provisions</u> | |
| R9-28-303. | <u>Reassessment</u> | <u>Preadmission Screening for the Elderly and Physically Disabled</u> |
| R9-28-304. | <u>Preadmission Screening for the Developmentally Disabled</u> | |
| R9-28-305. | <u>Reassessments</u> | |

ARTICLE 3. PREADMISSION SCREENING

~~R9-28-301. General provisions~~

- ~~A:~~** To qualify for services under the ALTCS program, an individual shall meet the eligibility criteria as described in Article 4 of this Chapter and require long term care services at an Intermediate or Skilled level of care as determined through preadmission screening.
- ~~B:~~** Applicants for the ALTCS program shall be assessed using the preadmission screening instrument prescribed in this Section. The preadmission screening instrument shall be a standard form prescribed by the Director and used uniformly for the ALTCS

program. The preadmission screening instrument shall consist of a standard set of questions and criteria designed to assess the functional, medical, psychosocial and nursing services needs of the individual.

- ~~C:~~** When determining the medical eligibility of an ALTCS applicant on an original application for benefits and upon reassessment of eligibility, and the applicant exhibits indications of chronic mental illness, the following shall apply:
- ~~1:~~** The determination of medical eligibility for those applicants who score above the preadmission screening eligibility threshold for ALTCS benefits shall be referred to a physician for the determination of medical eligibility.
 - ~~2:~~** The reviewing physician to whom the application is referred shall determine whether the applicant is medically eligible for ALTCS benefits based upon the medical care needs of the applicant other than those needs determined by the physician to be attributable to the chronic mental illness.
- ~~D:~~** The preadmission screening instrument shall be used to:

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1. Determine the need for service in a Nursing Facility (NF) Class 1, 2, 3, and 4, or Intermediate Care Facility for the Mentally Retarded (ICF-MR);
2. Assist in evaluation of appropriate and cost-effective placement for services;
3. Assist in the assessment and determination of ventilator dependent individuals for inclusion in the special fee-for-service ventilator dependent program; and
4. Assist in evaluation of the need for home and community based services.

E. In addition to a preadmission screening, to qualify for ALTCS institutional services an individual shall have certification documenting the individual's need for long-term care services. An individual's need for long-term care nursing facility services shall be certified and recertified in accordance with R9-28-511 by a physician, or a nurse practitioner or clinical nurse specialist who is not an employee of the facility but is working in collaboration with a physician.

R9-28-301. Definitions

A. Common definitions. The following words and phrases, in addition to definitions contained in A.R.S. Title 36, Chapter 29, and 9 A.A.C. 28, Article 1, have the following meanings for elderly and physically disabled individuals and for developmentally disabled individuals:

1. "Acute" means an active medical condition having a sudden onset, lasting a short time, and requiring immediate medical intervention.
2. "Chronic" means a medical condition which is always present or occurs periodically or is marked by a long duration.
3. "Constant/constantly" means at least once a day.
4. "Current" means belonging to the present time.
5. "Disruptive behavior" means inappropriate behavior that interferes with the individual's normal activities or the activities of others and requires intervention to stop or interrupt the behavior.
6. "Frequent/frequently" means weekly to every other day.
7. "Functional assessment" means the evaluation of information about the individual's ability to perform activities related to developmental milestones, activities of daily living, communication, and behaviors.
8. "History" means a medical condition which occurred in the past and may or may not have required treatment and is not now active.
9. "Intervention" means therapeutic treatment, including medication, behavior modification, and physical restraint.
10. "Medical assessment" means the evaluation of the individual's medical condition and the individual's need for medical services.
11. "Medical/nursing services and treatments" means specific, ongoing medical, psychiatric, or nursing intervention used to actively resolve or prevent deterioration of a medical condition/diagnosis. Durable medical equipment and activities of daily living assistive devices are not considered to be treatment unless the equipment is used specifically and actively to resolve the existing medical condition.
12. "Occasional/occasionally" means less than weekly.
13. "Physical participation" means active participation, not just being passive or cooperative.
14. "Physically lift" means actively bearing some part of the individual's weight during movement or activity and excludes bracing or guiding activity.

15. "Social worker" means an individual with a baccalaureate or master's degree in social work, rehabilitation, counseling, education, sociology, psychology, or other closely related field, or 2 years of case management-related experience.
16. "Special diet" means a diet planned by a dietitian, nutritionist, or nurse such as high fiber, low sodium, or pureed.
17. "Toileting" means the process involved in managing the elimination of urine and feces in the appropriate place(s).
18. "Vision" means the ability to visually perceive objects.

B. Elderly and physically disabled. The following words and phrases, in addition to definitions contained in subsection (A), have the following meanings for elderly and physically disabled individuals only:

1. "Aggression" means physically attacking another, including, but not limited to, throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, and physically threatening behavior.
2. "Bathing" means the process of washing, rinsing, and drying all parts of the body, including the individual's ability to transfer to the tub or shower and the ability to obtain the bath water and/or equipment.
3. "Continence" means the ability to control the discharge of body waste from bladder or bowel.
4. "Dressing" means the physical process of choosing, putting on, securing fasteners, and removing clothing and footwear, including weather appropriate but excluding aesthetic concerns such as matching colors. This includes artificial limbs, braces, and other appliances which are needed daily.
5. "Eating" means the process of putting food and fluids by any means into the digestive system.
6. "Elderly" means age 65 or older.
7. "Emotional and cognitive functioning" means the individual's orientation and mental state, as evidenced by overt behaviors.
8. "Grooming" means the process of tending to one's appearance. This may include, but is not limited to, combing or brushing hair, washing face and hands, shaving, routine nail care, oral hygiene (including denture care), and menstrual care. Grooming does not include aesthetics such as styling hair, skin care, and applying make-up.
9. "Mobility" means the extent of the individual's purposeful movement within the residential environment.
10. "Orientation" means the individual's awareness of one's self in relation to person, place, and time.
11. "Physically disabled" means the inability to do any substantial gainful activity by reason of any medically determinable physical impairment which impairment can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
12. "Self-injurious behavior" means self-induced, abusive behavior that is directed toward infliction of immediate physical harm to the body.
13. "Sensory" means of or relating to the senses.
14. "Suicidal behavior" means an act or intent to voluntarily take one's own life.
15. "Transferring" means the individual's ability to move horizontally or vertically between 2 surfaces within the residential environment, excluding transfer for toileting or bathing.

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16. "Wandering" means moving about with no rational purpose and with a tendency to go beyond physical parameters of the environment in a manner that may jeopardize safety.
- C. Developmentally disabled. The following words and phrases, in addition to definitions contained in subsection (A), have the following meanings for developmentally disabled individuals only:
1. "Aggression" means physically attacking another, including, but not limited to, throwing objects, punching, biting, pushing, pinching, pulling hair, and scratching.
 2. "Ambulation" means the ability to walk and includes the quality of the ambulation and the degree of independence.
 3. "Associating time with events and actions" means the individual's ability to associate regular events with specific timeframes.
 4. "Bathing or showering" means the individual's ability to complete the bathing process including drawing the bath water, washing, rinsing, and drying all parts of the body, and washing the hair.
 5. "Caregiver training" means a direct care staff or caregiver trained in special health care procedures normally performed or monitored by a licensed professional, such as a registered nurse. These procedures may include, but are not limited to, ostomy care, positioning for medical necessity, use of adaptive devices, or respiratory services such as suctioning or small volume nebulizer treatments.
 6. "Clarity of communication" means the ability to speak in a recognizable language or use a formal symbolic substitution, such as American-Sign Language.
 7. "Climbing stairs or ramps" means the individual's ability to move up and down stairs or ramps.
 8. "Crawling and standing" means the individual's ability to crawl and stand with or without support.
 9. "Developmental milestone" means a measure of an individual's functional abilities including fine and gross motor skills, expressive and receptive language, social and self-help skills, and emotional/affective development.
 10. "Dressing" means the ability to put on and remove articles of clothing and does not include braces nor does it reflect the individual's ability to match colors or choose clothing appropriate for the weather.
 11. "Eating/drinking" means the process of putting food and fluids by any means into the digestive system.
 12. "Expressive verbal communication" means the individual's ability to communicate thoughts verbally with words or sounds.
 13. "Food preparation" means the ability to prepare simple meals.
 14. "Hand use" means the ability to use the hands, or hand if the individual has only one hand or has the use of only one hand.
 15. "Limited/occasional" means a small portion of an entire task or assistance required less than daily.
 16. "Personal hygiene" means the process of tending to one's appearance. This may include, but is not limited to, combing or brushing hair, washing face and hands, shaving, routine nail care, oral hygiene (including denture care), and menstrual care. This does not include aesthetics such as styling hair, skin care, and applying make-up.
 17. "Physical interruption" means immediate hands-on interaction to stop a behavior.
 18. "Remembering instructions and demonstrations" means the individual's ability to recall instructions or demonstrations on how to complete specific tasks.
 19. "Resistiveness/rebelliousness" means any inappropriate stubborn or uncooperative behaviors, excluding difficulties with processing of information or reasonable expressions of self-advocacy.
 20. "Rolling and sitting" means the individual's ability to roll and sit independently or with the physical support of another person or a device such as a pillow or specially designed chair.
 21. "Running or wandering away" means leaving the situation or environment without either notifying or receiving permission from appropriate individuals as would normally be expected.
 22. "Self-injurious behavior" means repeated behavior that causes injury and may include, but is not limited to, biting, scratching, putting inappropriate objects into ear, mouth, or nose, repeatedly picking at skin, head slapping, or banging.
 23. "Verbal or physical threatening" means any behavior in which an individual verbally or physically threatens to harm self, others, or objects.
 24. "Wheelchair mobility" means the individual's mobility using a wheelchair and does not include the ability to transfer to the wheelchair.
- R9-28-302. General Provisions**
- A. To qualify for services described in A.R.S. § 36-2939 under the Arizona Long-term Care System (ALTCs), an individual shall meet the criteria described in Article 4 and shall be determined to require care at the level of a nursing facility or an intermediate care facility for the mentally retarded (ICF-MR) in accordance with the preadmission screening (PAS) process described in this Article.
- B. An elderly or physically disabled (EPD) ALTCS individual shall be assessed using the PAS instrument prescribed in R9-28-303 with the exception of physically disabled children less than 6 years of age who shall be assessed using the PAS instrument prescribed in R9-28-304. A developmentally disabled (DD) ALTCS individual shall be assessed using the PAS instrument prescribed in R9-28-304 with the exception of a DD ALTCS individual in a nursing facility who shall be assessed using the PAS instrument prescribed in R9-28-303.
- C. The PAS instrument shall be completed by an assessor who is a registered nurse or a social worker, who shall have attended a minimum of 24 hours of classroom training for each type of preadmission screening (EPD and DD). In addition, the assessor shall have intensive oversight/mentoring for the first 30 days of employment, and ongoing oversight for the subsequent period of employment.
1. For initial assessments of EPD individuals, the PAS instrument shall be completed by a registered nurse or by a social worker.
 2. For initial assessments of DD individuals, the PAS instrument shall be completed by a registered nurse or by a social worker.
 3. For initial assessments on hospitalized individuals, the PAS instrument shall be completed by a registered nurse or a team of a registered nurse and social worker.
 4. For initial assessments and reassessments of individuals who use a ventilator, the PAS instrument shall be completed by a team composed of a registered nurse and a social worker.
- D. Individuals classified as ventilator dependent, as specified in Section 1902(e)(9) of the Social Security Act, October 21, 1993, incorporated by reference and on file with the Office of the

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Secretary of State, shall be determined to require care that can only be provided at a nursing facility or ICF-MR level.

- E.** Except as provided in subsection (I), the PAS assessment shall be conducted face-to-face with the individual by the assessor. The assessor shall make reasonable efforts to obtain available medical records. In addition, the assessor may obtain information for the PAS assessment from interviews with the individual, parent, guardian, caregivers, or others familiar with the individual's functional or medical conditions.
- F.** Except as provided in subsections (K) and (L), the PAS assessment determines the individual's current need for long-term care.
- G.** Using the information described in subsection (E), and using professional judgment based on education, training, and experience, the assessor shall complete the questions on the PAS instrument.
- H.** Once the PAS instrument is completed, a PAS score is calculated. The calculated PAS score is compared to an established threshold score which is based on statistical analyses of the results of pilot studies completed prior to implementation. The threshold score represents the point at which an individual is determined to require care that can only be provided at the nursing facility or ICF-MR level except as provided in subsection (I). The scoring methodology and threshold scores are specified in R9-28-303 and R9-28-304.
- I.** The Administration shall request that an AHCCCS physician consultant review an individual's file if:
1. The EPD individual's score is less than the threshold specified in R9-28-303, but is not less than 56;
 2. The DD individual's score is less than the threshold specified in R9-28-304 but is not less than 38;
 3. Notwithstanding the fact that the individual scores below the threshold, the Administration determines in the course of the preadmission screening that it has reasonable cause to believe that the individual's unique functional abilities or medical condition are such that a physician review is necessary to determine if the items contained in the scored portions of the PAS instrument would indicate that the individual's condition necessitates the level of care provided in a nursing facility or intermediate care facility for the mentally retarded;
 4. The individual has a documented diagnosis as seriously mentally ill as defined in A.R.S. § 36-550, and the Administration determines that the applicant has no medical diagnosis that could necessitate the level of care provided in a nursing facility or intermediate care facility for the mentally retarded. This review can only result in a determination of ineligibility if the physician determines that despite a score at or above the threshold the applicant does not meet the requirements of A.R.S. § 36-2936.
- J.** When conducting the review, the physician shall use the scored factors set out in the PAS instrument to determine whether the individual has a nonpsychiatric medical condition or has a developmental disability that, by itself or in combination with other medical conditions, necessitates the level of care which is provided in a nursing facility or intermediate care facility for the mentally retarded. The physician shall review the PAS instrument and available medical records. If the physician is unable to determine eligibility from the PAS instrument and available medical records, the physician may conduct a face-to-face review with the individual or contact others familiar with the individual's needs, including primary care physicians or other caregivers. If the reviewing physician recommends overturning the eligibility determination of the initial assessor, the physician shall state the reasons for that decision in the comments section of the instrument.

- K.** For initial assessments of individuals who are in a hospital or an intensive rehabilitation facility and for whom discharge is planned within 7 days, a PAS assessment shall be performed and medical eligibility determined. For individuals where discharge is not planned within 7 days, a PAS assessment shall not be done. Such individuals shall be denied for ALTCS. Their records shall be forwarded to the Department of Economic Security for an AHCCCS acute care eligibility determination after the Administration determines whether their income is equal to or less than the Supplemental Security Benefit amount in effect, or shall be evaluated by the Administration for an acute care only determination, whichever is appropriate, depending on the age and disability of the individuals.
- L.** Upon request, the Administration shall conduct a PAS assessment to determine whether an individual, who has been in a nursing or ICF-MR facility within the 3 months prior to the month of application, is entitled to receive retroactive benefits for that prior 3-month period.
- M.** Upon request, the Administration shall conduct a PAS assessment to determine whether a deceased individual, who had been in a nursing facility or ICF-MR during the months covered by the application, would have been eligible to receive ALTCS benefits for those months.

R9-28-303. Reassessment

- A.** All ALTCS members shall be reassessed to determine continued need for ALTCS services. The criteria for continued qualification for ALTCS services shall be the same as those used for initial preadmission screening.
- B.** Reassessment may occur in any of the following forms:
1. Audit of the preadmission screening results by the Administration;
 2. Periodic reassessment by the Administration;
 3. Inspection of care conducted by the Administration. This applies only to care provided in ICF-MRs and IMDs.
- C.** All ALTCS members residing in a nursing facility shall receive at a minimum a quarterly resident assessment.

R9-28-303. Preadmission Screening for the Elderly and Physically Disabled

- A.** The PAS instrument for the elderly and physically disabled includes 4 major categories: intake information, functional assessment, emotional and cognitive functioning, and medical assessment.
1. The intake information category solicits information on the individual's demographic background. No components of the intake information category are included in the calculated PAS score.
 2. The functional assessment category solicits information on the individual's:
 - a. Need for assistance with activities of daily living, including bathing, dressing, grooming, eating, mobility, transfer, and toileting in the residential environment or other routine setting;
 - b. Communication and sensory skills, including hearing, expressive communication, and vision; and
 - c. Continence, including bowel and bladder functioning. A history of transitory incontinence caused by an acute or temporary condition or illness shall not be considered for rating.
 - d. Some questions in the activities of daily living, communication and sensory skills, and continence sections are scored, as indicated in subsection (C), under the Functional Assessment matrices.
 3. The emotional and cognitive functioning category solicits information on the individual's:
 - a. Orientation to person, place, and time; and

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- b. Behavior, including wandering, self-injurious behavior, aggression, suicidal behavior, and disruptive behavior. Some questions in the behavior section refer to intervention and medical attention. Intervention is therapeutic treatment, including the use of medication and physical restraints to control the behavior. Intervention may be formal or informal and includes actions taken by friends/family to control the behavior. Medical attention is an examination by a physician and/or primary care provider and treatment if necessary.
- c. All questions in the orientation and behavior sections are scored, as indicated in subsection (C), under the Functional Assessment matrices.
- 4. The medical assessment category solicits information on the individual's:
 - a. Medical conditions and the medical condition's impact on the individual's ability to independently perform activities of daily living or whether such conditions require medical or nursing treatments;
 - b. Medications, treatments, and allergies; and
 - c. Specific services and treatments that the individual receives or needs and the frequency of those services and treatments.
 - d. Additional information captured in the medical assessment category includes a description of the individual's physical characteristics, hospital history, ventilator dependency, and current placement.
 - e. Some questions in the medical conditions and services and treatments sections are scored, as indicated in subsection (C), under the Medical Assessment matrices.
- B. The PAS instrument for the elderly and physically disabled, October 1992, is incorporated by reference and is on file with the Office of the Secretary of State. Once the PAS instrument is completed, the answers selected by the assessor are used to calculate 3 scores: a functional score, a medical score, and a total score.
 - 1. Functional score.
 - a. The functional score is based on answers to scored questions in the functional assessment and emotional and cognitive functioning categories. Each answer is assigned a certain number of points. For each scored question, the number of points is multiplied by a weighted numerical value, resulting in a weighted score for each question. The weighted numerical values are based on statistical analyses of pilot study results and reflect the importance of information on the PAS instrument in predicting whether the individual meets the criteria of A.R.S. § 36-2936.
 - b. It is the sum of the weighted scores that equals the functional score. The weighted score per question can range from 0 to 15. The maximum functional score attainable by an individual is 141. There is no minimum functional score that needs to be attained except as prescribed in subsections (B)(3)(b) and (3)(c).
 - 2. Medical score.
 - a. The EPD population is divided into 2 groups for purposes of calculating the medical score. The primary distinction between the 2 groups is based on the differences in medical needs.
 - b. Group 1 includes individuals diagnosed with paralysis, head trauma, multiple sclerosis, amyotrophic lateral sclerosis, or Parkinson's disease which either impacts the individual's ability to independently perform activities of daily living or requires nursing services or treatments.
 - c. Group 2 includes individuals diagnosed with Alzheimer's disease, dementia, or an organic brain syndrome which either impacts the individual's ability to independently perform activities of daily living or requires nursing services and treatments. If an individual does not meet 1 of these criteria, the individual is considered to be in Group 1.
 - d. Scoring methodology: Group individuals
 - i. The medical score is based on information obtained from the medical conditions and the services and treatments sections of the PAS instrument.
 - ii. Each response to a scored item in the medical assessment category is assigned a certain number of points, ranging from 0 to 4 points per item.
 - iii. It is the sum of the points that equals the medical score, with a maximum score of 63. There is no minimum medical score that needs to be attained, except as prescribed in subsection (B)(3)(b).
 - e. Group 2 individuals.
 - i. The medical score is based on information obtained from the services and treatments section of the PAS instrument.
 - ii. Each response to a scored item in the medical assessment category is assigned a certain number of points, ranging from 0 to 16 points per item.
 - iii. It is the sum of the points that equals the medical score, with a maximum score of 42. There is no minimum medical score that needs to be attained, except as prescribed in subsection (B)(3)(c).
- 3. The calculation of the total score is equal to the sum of the functional and medical scores.
 - a. The total score is compared to an established threshold score. For all EPD individuals, regardless of whether the individual is in Group 1 or in Group 2, the threshold score is 60. Thus, an individual with a total score equal to or greater than 60 is deemed to require care that can only be provided at the nursing facility or ICF-MR level.
 - b. If an individual is in Group 1 and has a total score less than 60, a functional score equal to or greater than 30 and a medical score equal to or greater than 13, the individual also is deemed to require care that can only be provided at the nursing facility or ICF-MR level.
 - c. If an individual is in Group 2 and has a total score less than 60:
 - i. A functional score equal to or greater than 30 and the weighted score from the orientation section is equal to or greater than 5, the individual also is deemed to require care that can only be provided at the nursing facility or ICF-MR level; or
 - ii. A functional score equal to or greater than 30 and the individual is assigned at least 2 points for any 1 question in the behavior section, the individual also is deemed to require care that can only be provided at the nursing facility or ICF-MR level.

C. The following tables represent the number of points available and the weight for each scored question.

<u>Functional Assessment</u>	<u># of Points Available Per Question (P)</u>	<u>Weight (W)</u>	<u>Range of Possible Weighted Score per Question (P)(W)</u>
Activities of Daily Living Section			
Bathing, Dressing, Grooming, Mobility, Toileting	0-5	3.00	0-15
Eating	0-6	2.50	0-15
Transfer	0-4	3.75	0-15
Continence Section			
Bowel	0-2	0	0
	3	.167	.5
Bladder	0-4	0.50	0-2
Sensory Section			
Vision	0-1	0	0
	2	1.75	3.5
	3	1.167	3.5
Orientation Section			
Person, Place, Time	0-3	1.00	0-3

1. The lowest value in the range of points available per question in the functional assessment category indicates minimal or no impairment and, conversely, the highest value indicates severe impairment.

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<u>Functional Assessment</u> (continued)	<u># of Points</u> <u>Available Per Question</u> (P)	<u>Weight</u> (W)	<u>Range of Possible Weighted</u> <u>Score Per Question</u> ¹ (P)x(W)
<u>Emotional/Cognitive Behavior Section</u>			
<u>Aggression, Self-Injurious, Suicidal,</u> <u>Wandering</u>	0-3	1.00	0-3
<u>Disruptive</u>	0-3	3.00	0-9
<u>Medical Assessment</u> <u>Group 1</u>			
	<u># of Points</u> <u>Available Per Question</u> ² (P)	<u>Weight</u> (W)	<u>Range of Possible Weighted</u> <u>Score Per Question</u> ¹ (P)x(W)
<u>Medical Conditions Section</u>			
<u>Paralysis/Sclerosis</u>	0-1	3.00	0-3
<u>Alzheimers/OBS/Dementia</u>	0-1	3.50	0-3.5
<u>Services and Treatments Section</u>			
<u>Physical Therapy, Occupational Therapy,</u> <u>Speech Therapy</u>	0-1	0.50	0-1.5
<u>Suctioning, Oxygen, Small Volume</u> <u>Nebulizer, Tracheostomy Care, Postural</u> <u>Drainage, Respiratory Therapy</u>	0-1	1.5	0 or 1.5

1. The lowest value in the range of points available per question in the functional assessment category indicates minimal or no impairment and, conversely, the highest value indicates severe impairment.
2. The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

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<u>Medical Assessment</u> <u>Group 1</u> <u>(continued)</u>	<u># of Points Available</u> <u>per Question</u> <u>(P)</u>	<u>Weight</u> <u>(W)</u>	<u>Range of Possible</u> <u>Weighted Score Per</u> <u>Question¹</u> <u>(P)x(W)</u>
Services and Treatments Section (continued)			
<u>Drug Regulation</u>	0-1	2.00	0 or 2
<u>Decubitus Care, Wound Care, Ostomy Care, Feedings-Tube</u> <u>and/or Parenteral, Catheter Care, Other Ostomy Care,</u> <u>Dialysis, Fluid Intake/Output</u>	0-1	3.00	0 or 3
<u>Teaching/Training Program, Bowel/Bladder Program, Range</u> <u>of Motion, Other Rehabilitative Nursing, Restraints</u>	0-1	4.00	0 or 4
<u>Medical Assessment</u> <u>Group 2</u>	<u># of Points Available</u> <u>per Question</u> <u>(P)</u>	<u>Weight</u> <u>(W)</u>	<u>Range of Possible</u> <u>Weighted Score Per</u> <u>Question¹</u> <u>(W)</u>
<u>Drug Regulation</u>	0-1	2.00	0 or 2
<u>Teaching/Training Program, Bowel/Bladder Program, Range</u> <u>of Motion, Other Rehabilitative Nursing</u>	0-1	6.00	0 or 6
<u>Restraints (Physical/Chemical)</u>	0-1	16.00	0 or 16

1. The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

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R9-28-304. Preadmission Screening of the Developmentally Disabled

A. The Administration shall conduct preadmission screening of developmentally disabled individuals using one of 4 PAS instruments specifically designed to assess individuals in the following age groups: individuals 12 years of age and older; children 6 to 11 years of age; children 3 to 5 years of age; and children under 3 years of age.

1. The PAS instruments for developmentally disabled individuals include 3 major categories: intake information, functional assessment, and medical assessment.

a. The intake information category solicits information on the individual's demographic background. No components of the intake information category are scored.

b. The functional assessment category differs by age group, as indicated in subsection (A)(1)(c) through (8) below:

c. For individuals 12 years of age and older, the functional assessment category solicits information on the individual's:

i. Need for assistance with independent living skills, including hand use, ambulation, wheelchair mobility, transfer, eating/drinking, dressing, personal hygiene, bathing or showering, food preparation, community mobility, and toileting.

ii. Communication skills and cognitive abilities, including expressive verbal communication, clarity of communication, associating time with events and actions, and remembering instructions and demonstrations;

iii. Behavior, including aggression, verbal, or physical threatening behavior, self injurious behavior and resistive/rebellious behavior.

iv. All questions in the behavior section are scored for individuals 12 years of age and older. Some questions in the independent living skills, and communication skills and cognitive abilities sections are scored, as indicated in subsection (C), under the Functional Assessment matrix.

d. For individuals 6 through 11 years of age, the functional assessment category solicits information on the individual's:

i. Need for assistance with independent living skills, including rolling and sitting, crawling and standing, ambulation, climbing stairs or ramps, wheelchair mobility, dressing, personal hygiene, bathing or showering and toileting, level of bladder control, and orientation to familiar settings.

ii. Communication, including expressive verbal communication and clarity of communication.

iii. Behavior, including aggression, verbal or physical threatening behavior, self-injurious behavior, running or wandering away, and disruptive behavior.

iv. All questions in the communication section are scored for individuals 6 years of age up to 12 years of age. Some questions in the independent living skills and behavior sections are scored, as indicated in subsection (C), under the Functional Assessment matrices.

e. For individuals 3 through 5 years of age, the functional assessment category solicits information on the individual's:

i. Status with respect to a series of developmental milestones, including 50 factors that measure the individual's degree of functional growth;

ii. Need for assistance with independent living skills, including toileting and dressing, and the individual's orientation to familiar settings.

iii. Communication, including clarity of communication;

iv. Behavior, including aggression, verbal or physical threatening behavior, and self-injurious behavior;

v. All questions in the developmental milestones and behavior section are scored for individuals 3 through 5 years of age. Some questions in the independent living skills section are scored, as indicated in subsection (C), under the Functional Assessment matrix. No questions in the communication section are scored.

f. Six months of age up to 3 years of age.

i. For individuals 6 months of age and up to 3 years of age, the functional assessment category solicits information on the individual's degree of functional growth using age specific factors.

ii. All questions regarding specific factors measuring the degree of functional growth are scored for individuals 6 months of age up to 3 years of age.

g. For individuals less than 6 months of age, a functional assessment is not completed.

h. The medical assessment category solicits information on the individual's:

i. Medical conditions;

ii. Specific services and treatments the individual receives or needs and the frequency of those services and treatments; and

iii. Current medications and treatments, medical stability, sensory functioning, and physical measurements.

iv. Additional information captured in the medical assessment category includes the individual's current placement, ventilator dependency, and developmentally disabled status, as determined by the Department of Economic Security.

i. Medical assessment scoring.

i. For individuals 12 years of age and older, some questions in the medical conditions section are scored, as indicated in subsection (C), under the Medical Assessment matrix.

ii. For individuals 6 years of age up to 12 years of age, some questions in the medical conditions section are scored, as indicated in subsection (C), under the Medical Assessment matrix.

iii. For individuals 3 years of age up to 6 years of age, some questions in the medical conditions and medical stability sections are scored, as indicated in subsection (C), under the Medical Assessment matrix.

iv. For individuals 6 months of age up to 3 years of age, some questions in the medical conditions, services and treatments and medical stability sections are scored, as indicated in subsection C, under the Medical Assessment matrix.

v. For individuals less than 6 months of age, a medical assessment is completed; however, no questions are scored. These individuals are

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referred for physician review.

- B. The PAS instruments for the developmentally disabled, August 1995, are incorporated by reference and are on file with the Office of the Secretary of State. When the PAS instrument is completed, the answers selected by the assessor are used to calculate 3 scores: a functional score, a medical score, and a total score.

1. Functional score.

- a. The functional score is based on answers to scored questions in the functional assessment category. Each answer is assigned a certain number of points. For each scored question, the number of points is multiplied by a weighted numerical value resulting in a weighted score for each question. The weighted numerical values are based on statistical analyses of the results of pilot studies completed prior to implementation and reflect the importance of information on the PAS instrument in predicting whether the individual meets the criteria of A.R.S. § 36-2936.

- b. It is the sum of the weighted scores that equals the functional score. The range of weighted score per question and maximum functional score for each age group is presented below:

<u>AGE</u> <u>GROUP</u>	<u>RANGE</u> <u>FOR WEIGHTED</u> <u>SCORE PER</u> <u>QUESTION</u>	<u>MAXIMUM</u> <u>FUNCTIONAL</u> <u>SCORE</u> <u>ATTAINABLE</u>
12+	0 - 11.2	118.9
6 - 11	0 - 24.0	127.0
3 - 5	0 - 15.6	78.2
0 - 2	0 - 1.4	70.0

- c. There is no minimum functional score that needs to be attained.

2. Medical score.

- a. The medical score is based on information obtained in the medical assessment category. Each response to a scored item is assigned a certain number of points. It is the sum of the points that equals the medical score. The range of points per item and the maximum medical score attainable by an individual is presented below:

<u>AGE</u> <u>GROUP</u>	<u>RANGE OF</u> <u>POINTS PER</u> <u>ITEM</u>	<u>MAXIMUM</u> <u>MEDICAL</u> <u>SCORE</u> <u>ATTAINABLE</u>
12+	0 - 20.6	21.4
6 - 11	0 - 2.5	5.0
3 - 5	0 - 14.8	23.0
0 - 2	0 - 7.0	44.3

- b. There is no minimum medical score that needs to be attained.

3. The calculation of the total score is equal to the sum of the functional and medical scores.

- a. The total score is compared to an established threshold score. For all DD individuals the threshold score is 40. Thus, an individual with a total score equal to or greater than 40 is deemed to require care that can only be provided at the nursing facility or ICF-MR level.

C. The following tables represent the number of points available and the weight for each scored question.

<u>AGE GROUP 12 AND OLDER</u> <u>Functional Assessment</u>	<u># of Points Available Per Question²</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is²</u>	<u>Then weight is</u>
<u>Independent Living Skills Section</u>				
<u>Hand Use, Food Preparation</u>	<u>0-3</u>	<u>3.50</u>	<u>N/A</u>	<u>N/A</u>
<u>Ambulation, Eating, Dressing, Personal Hygiene</u>	<u>0-4</u>	<u>2.80</u>	<u>N/A</u>	<u>N/A</u>
<u>Toileting</u>	<u>0-4</u>	<u>1.50</u>	<u>N/A</u>	<u>N/A</u>
<u>Communicative Skills and Cognitive Abilities Section</u>				
<u>Associating Time, Remembering Instructions</u>	<u>0-3</u>	<u>0.50</u>	<u>N/A</u>	<u>N/A</u>
<u>Behavior Section</u>				
<u>Aggression, Threatening, Self Injurious</u>	<u>0-4</u>	<u>2.8</u>	<u>N/A</u>	<u>N/A</u>
<u>Resistive</u>	<u>0-3</u>	<u>3.5</u>	<u>N/A</u>	<u>N/A</u>

¹ Certain scored questions do not have a weight and thus are not to be multiplied by the number of points. For these questions, an N/A is shown in the weight column and the information in the scale column is applicable. When using a scale, the number of points for the section equals the sum of the number of points for the scored questions in that section.

² The lowest value in the range of points available per question in the functional assessment category indicates minimal to no impairment and, conversely, the highest value indicates severe impairment.

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<u>AGE GROUP 12 AND OLDER</u> <u>Medical Assessment</u>	<u># of Points Available Per Question³</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is³</u>	<u>Then weight is</u>
<u>Medical Conditions Section</u>				
<u>Cerebral Palsy, Epilepsy</u>	<u>0-1</u>	<u>0.40</u>	<u>N/A</u>	<u>N/A</u>
<u>Moderate, Severe, Profound Mental Retardation</u>	<u>0-1</u>	<u>20.60</u>	<u>N/A</u>	<u>N/A</u>

¹ Certain scored questions do not have a weight and thus are not to be multiplied by the number of points. For these questions, an N/A is shown in the weight column and the information in the scale column is applicable. When using a scale, the number of points for the section equals the sum of the number of points for the scored questions in that section.

³ The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service or treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

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<u>AGE GROUP 6-11</u> <u>Functional Assessment</u>	<u># of Points Available Per Question²</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is²</u>	<u>Then weight is</u>
<u>Independent Living Skills Section</u>				
<u>Climbing Stairs, Wheelchair Mobility, Bladder Control</u>	<u>0-3</u>	<u>1.875</u>	<u>N/A</u>	<u>N/A</u>
<u>Ambulation, Dressing, Bathing, Toileting</u>	<u>0-4</u>	<u>1.50</u>	<u>N/A</u>	<u>N/A</u>
<u>Crawling/Standing</u>	<u>0-5</u>	<u>1.14</u>	<u>N/A</u>	<u>N/A</u>
<u>Rolling/Sitting</u>	<u>0-8</u>	<u>0.833</u>	<u>N/A</u>	<u>N/A</u>
<u>Communication Section</u>				
<u>Clarity</u>	<u>0-4</u>	<u>1.50</u>	<u>N/A</u>	<u>N/A</u>
<u>Expressive Communication</u>	<u>0-5</u>	<u>4.25</u>	<u>N/A</u>	<u>N/A</u>
<u>Behavior Section</u>				
<u>Wandering</u>	<u>0-4</u>	<u>6.00</u>	<u>N/A</u>	<u>N/A</u>
<u>Disruptive</u>	<u>0-3</u>	<u>7.50</u>	<u>N/A</u>	<u>N/A</u>

¹ Certain scored questions do not have a weight and thus are not to be multiplied by the number of points. For these questions, an N/A is shown in the weight column and the information in the scale column is applicable. When using a scale, the number of points for the section equals the sum of the number of points for the scored questions in that section.

² The lowest value in the range of points available per question in the functional assessment category indicates minimal to no impairment and, conversely, the highest value indicates severe impairment.

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<u>AGE GROUP 6 - 11</u> <u>Medical Assessment</u>	<u># of Points Available Per Question³</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is³</u>	<u>Then weight is</u>
<u>Medical Conditions Section</u>				
Cerebral Palsy, Epilepsy	0-1	2.50	N/A	N/A
<u>AGE GROUP 3-5</u> <u>Functional Assessment</u>	<u># of Points Available Per Question²</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is²</u>	<u>Then weight is</u>
<u>Developmental Milestones Section</u>				
Factors Measuring an Individual's Degree of Functional Growth	0-1	0.70	N/A	N/A
<u>Independent Living Skills Section</u>				
Toileting, Dressing	0-4	3.90	N/A	N/A
<u>Behavior Section</u>				
Aggression, Threatening, Self Injurious	0-4	1.00	N/A	N/A

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² The lowest value in the range of points available per question in the functional assessment category indicates minimal to no impairment and, conversely, the highest value indicates severe impairment.

³ The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service or treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

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<u>AGE GROUP 3 - 5</u> <u>Medical Assessment</u>	<u># of Points Available Per Question³</u>	<u>Weight</u>	<u>Scale¹</u>	
			<u>If total # of points for section is³</u>	<u>Then weight is</u>
<u>Medical Conditions Section</u>				
<u>Moderate, Severe, Profound Mental Retardation</u>	<u>0-1</u>	<u>14.80</u>	<u>N/A</u>	<u>N/A</u>
<u>Medical Stability Section</u>				
<u>Direct Caregiver Required, Special Diet</u>	<u>0-1</u>	<u>4.10</u>	<u>N/A</u>	<u>N/A</u>

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³ The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service or treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

<u>AGE GROUP 0-2</u>		<u># of Points Available Per Question²</u>	<u>Weight</u>	<u>Scale¹</u>	
<u>Functional Assessment</u>				<u>If total # of points for section is²</u>	<u>Then weight is</u>
<u>Developmental Milestones Section</u>					
<u>Factors Measuring an Individual's Degree of Functional Growth</u>		<u>0-1</u>	<u>1.40</u>	<u>N/A</u>	<u>N/A</u>
<u>AGE GROUP 0-2</u>					
<u>Medical Assessment</u>		<u># of Points Available Per Question³</u>	<u>Weight</u>	<u>Scale¹</u>	
				<u>If total # of points for section is³</u>	<u>Then weight is</u>
<u>Services and Treatments Section</u>					
<u>Non-Bladder/Bowel Ostomy, Tube Feeding, Oxygen</u>		<u>0-1</u>	<u>6.10</u>	<u>N/A</u>	<u>N/A</u>
<u>Medical Conditions Section</u>					
<u>Any Mental Retardation, Epilepsy, Cerebral Palsy</u>		<u>0-1</u>	<u>7.00</u>	<u>N/A</u>	<u>N/A</u>
<u>Medical Stability Section</u>					
<u>Trained Direct Caregiver, Special Diet or a Minimum of Two Hospitalizations</u>		<u>0-1</u>	<u>5.00</u>	<u>N/A</u>	<u>N/A</u>

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² The lowest value in the range of points available per question in the functional assessment category indicates minimal to no impairment and, conversely, the highest value indicates severe impairment.

³ The lowest value in the range of points available per question in the medical assessment category, 0, indicates that the individual does not have the medical condition or does not need or receive the medical or nursing service or treatment. Conversely, the highest value, 1, indicates that the individual does have the medical condition or does need or receive the medical or nursing service or treatment.

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R9-28-305. Reassessments

- A.** All ALTCS members shall be reassessed to determine continued need for ALTCS services. The criteria for continued qualification for ALTCS services shall be the same as those used for the initial preadmission screening as prescribed in R9-28-302, R9-28-303, and R9-28-304.
- B.** Reassessments shall be completed by 1 or more individuals as provided in R9-28-302(C).
- C.** Reassessment by the Administration shall occur as follows:
- 1.** Annually, except in the following circumstances:
 - a.** Elderly and physically disabled (EPD) individuals 80 years of age and older who have been ALTCS eligible for 2 consecutive years shall be reassessed every other year;
 - b.** EPD individuals diagnosed with Alzheimer's disease, dementia, or an organic brain syndrome and who have been ALTCS eligible for 2 consecutive years shall be reassessed every other year.

- c.** In addition, the Administration may identify other EPD and developmentally disabled population groups within the ALTCS program that would have a reassessment period greater than 1 year;
- 2.** In connection with routine audit of the preadmission screening by the Administration in which errors affecting eligibility are discovered;
- 3.** In connection with an audit of the preadmission screening requested by a nursing facility, program contractor, case manager, or other party where the Administration has determined that continued eligibility is uncertain due to substantial evidence of a change in the member's circumstances or error in the preadmission screening;
- 4.** At the request of the Administration's physician consultant.